Utah Department of Health - Oct 2004
Office of Epidemiology
Salt Lake City, Utah

Influenza Morbidity Supplemental Form

(Use this form for patients who have died, been hospitalized or who have travelled to Asia)

Please fill in the blank or check the answer for each question

Utah Department of Health

PATIENT INFORMATION/DEMOGRAPHICS

PATIENT NAME:

Last First Middle

DATE OF BIRTH: _____/_____/_____
mm dd yyyy

RACE: ☐ White ☐ Black ☐ Asian
☐ Native American/Alaksan ☐ Pacific Islander
☐ Other: _____

HISPANIC: ☐ YES ☐ NO

OCCUPATION: _____

Does patient have direct patient contact in job? ☐ YES ☐ NO

Has patient worked with, owned or visited pig/poultry 7 days prior to onset?
☐ NO ☐ YES Please describe: _____

Did patient travel out of country 7 days prior to onset? ☐ YES ☐ NO

Where?

CLINICAL OUTCOMES

Date of Onset: / / (mm/dd/yyyy) Physician: _____ Phone Number: _____

Was patient high risk for influenza: ☐ NO ☐ YES 'If YES, what was the high-risk factor? _____

Dates of Hospitalization: / / (mm/dd/yyyy) to / / (mm/dd/yyyy)

Risk Factors:

Did patient have Streptococcus pneumoniae? ☐ NO ☐ YES If YES, what was the source? _____

Did patient have MRSA? ☐ YES ☐ NO Was patient intubated? ☐ YES ☐ NO

Did the patient have chest X-Ray confirmed pneumonia? ☐ YES ☐ NO

VACCINATION - PROPHYLAXIS STATUS

Did patient receive influenza vaccine in 2004 - 2005? ☐ YES ☐ NO

What date did patient receive influenza vaccine? / / (mm/dd/yyyy)

Where did the patient receive the influenza vaccine? _____

Did patient receive Adventis vaccine? ☐ YES ☐ NO Flumist? ☐ YES ☐ NO Other? _____

Were antivirals given as therapy? ☐ YES ☐ NO Prophylaxis? ☐ YES ☐ NO

Which antiviral? _____ Patient complete treatment? ☐ YES ☐ NO

Has the patient received Pneumovax vaccine? ☐ YES ☐ NO

What date did patient receive Pneumovax vaccine? / / (mm/dd/yyyy)

LABORATORY INFORMATION

Was patient diagnosis by culture? ☐ YES ☐ NO

If no, (and if antivirals have not been started) can LHD collect a specimen to submit to UDOH lab for culture?

Please Fax completed form to UDOH Epidemiology

801 - 538 - 9923

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